

Hearing Voices

by
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I am a telephone advice nurse for one of your big HMOs. People always ask me what are the weirdest calls I get. Once, a guy called up concerned he was producing too much belly button lint. I explained that I was pretty sure there wasn't a gland in the navel that produced it but that our navels caught lint that was floating around in our clothes. I speculated that some belly buttons might be better collectors than others. I recommended good personal hygiene and cleaning out the lint trap in the dryer with every load.

The place I work is a vast room full of women sitting at cubicles, all talking to the air. It is just like those commercials for auto insurance companies, where the smiling woman wearing the headset is quoting you a better price as she stares ahead of her in that way people do when they're talking on the phone. The only difference is what we're selling.

We look just like auto insurance or catalog sales but we don't sound like them. At any given moment, I might have somebody on one side of me putting on her big sister voice, somebody on the other side murmuring and cooing into the phone like a pigeon, someone behind me doing her stern mother act, while I'm morphing into my subtly flirtatious mail-order lingerie voice, the one I use for talking guys into doing what I want.

None of these are our real voices. We never get to have a real conversation with anybody, though I don't think the callers realize that. I do my best to make people think they are really talking to me.

The way it works is this. When people join the HMO they get a membership card with a phone number on it, and if they're having a problem, or want to see a doctor, they call it and get

us. They wait on hold, listening to music interrupted periodically by brief health-care platitudes. When a caller gets through, he or she flows electronically through a random call-distribution system and into the headset of an anonymous registered nurse. A tone goes off in the nurse's ear, like some electrochemical impulse in the brain. To me that tone always sounds like what it is doing—I listen to it *leak* or *seep* or *bleed* into my ear. That tone is my one-second downtime between calls. It is the sound of unknowing, the sound of nothingness.

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Last summer I had a conversation with a woman who wanted her daughter seen for a mosquito bite. The discussion went something like this:

“Ma’am, I can’t give you an appointment for a single bug-bite that’s not infected or anything.”

“Why not?”

“It’s actually a pretty normal kind of thing for a five-year-old girl to have.”

“She needs to be seen!”

“Can you explain to me what is your concern?”

“I’m concerned about this mosquito bite.”

“A mosquito bite, though—is not really a medical problem.”

“She hasn’t been outside.”

“Okay, so she hasn’t been outside.”

“Don’t you understand what I’m saying?”

“No.”

“She hasn’t been outside.”

“She could have gotten the bite indoors.”

“That’s not possible.”

“Why not?”

“I don’t have any bugs in my house.”

“Of course you do—”

“I do not.”

“Everybody has the occasional, small insect—”

“There are no bugs in my house!”

“With all due respect, ma’am,” I said. “Guaranteed there are bugs in your house, unless you are living in a hermetically sealed jar.”

She hung up on me, and I realized then that I could get in big trouble for that one—you see, you never know when They are listening—They can be listening any time, and They are the voice you *never* want to hear on your phone. They give us weekly detailed printouts breaking down our Call Handling Time for us into its components, like Average Length of Call, Time on Hold, Time on Outbound Calls, et cetera, and They scold us when we do bad.

I’d like to tell Them how sometimes this job resembles nursing about as much as a grilled cheese sandwich resembles a horse. But They would not be interested.

One particularly curious call is one I was just an eavesdropper on. A father called late one evening, concerned that his thirteen-year-old son had gotten his penis stuck in a beer bottle. They had tried everything they could think of, including dish detergent and other lubricants, to no avail. We were kind of slow that night and I remember we turned in our chairs to watch the drama unfold. The nurse on the phone got a little flustered and couldn’t remember the medically acceptable vocabulary she was after, so instead of using the word ‘erection’ she was forced to fall back on vernacular terms which she did with some stammering and embarrassment. But here’s the difference between a nurse and a trained monkey reading guidelines off a computer screen—there were no guidelines for this one, needless to say, but our hero the nurse was a regular Quickdraw McGraw, telling the dad in no uncertain terms that the thing to do was *pack it in ice!* We held our breath. It worked—instantly.

Some of the very weirdest calls are also some of the saddest, and I don’t talk about them. And many of them are just dismal, in the ways they reveal the complete sorry spectrum of human

behavior. I wonder what it is about human nature that will make a person sit on hold for twenty minutes to complain about something you clearly cannot do anything about. Or even sillier, to sit on hold so they can tell you they still haven't done what they were told to do when they called the first time.

Valerie, who sits next to me, pointed out one time that patients in the hospital don't yell at you. They might not be happy, they might not like you, they may see you as a target for their anger and frustration and find ways to show you, but they don't yell at you.

Something about the telephone, the anonymity of it, lets people drop their inhibitions, make up their own rules. And also, despite the perfect disguise that the phone allows, it has a way of revealing people at their truest, it lets them be themselves, lets them reveal secrets.

A woman called me once who needed to be seen, but it was a Saturday which meant her usual medical office wasn't open. She had a choice between two that were open, the closer one located in a primarily minority-populated area, the farther one in a whiter neighborhood. Now, this caller was a white woman and I'm a white woman too, but she didn't know that—she thought she did, from the sound of my voice—so I played with her a little bit: I said, "I don't understand why you wouldn't prefer the earlier appointment, at the closer center?"

She said, "No, I don't want to go there. I'm sure it's fine and all that. But, you know."

"No, I don't," I said. "I don't understand."

I heard silence and then I swear I heard a chilling kind of a small chuckle on the other end. My next move was to say: "Excuse me. I have to stop you right there. As an African-American woman I have to tell you that your attitude is not only offensive in a general way but also extremely, deeply offensive, insulting, repulsive, to me personally." That was my next move, but I didn't take it. I came close but I chickened out; I only had a second or two to decide and I reflected how *this call may be monitored for quality assurance purposes* and I suddenly felt very strongly that I didn't want to lose my job over a prank like that. I am tempted to say I have regretted it since, but that wouldn't really be true. The truth is it was just one of innumerable crazy ridiculous situations that I end up having to make myself behave about. And it wouldn't

have changed anything in anybody's life except mine, which could have been suddenly jobless. It *wasn't* worth it, though this doesn't make me any less of a coward.

There are, of course, the calls that break your heart, the kind that make you get up afterwards and go to the bathroom to get yourself together, Call Handling Time be damned. In contrast to the hundreds and hundreds of calls I have forgotten, here's one I remember: the elderly gentleman who finally realized, on the phone with me, that the fact that his wife was in hospice meant she was really dying, though he'd been told this already and everyone else must have believed that he knew it. Between weeping and thanking me over and over, he would catch his breath to ponder, in amazement, his own blindness. The only way to describe how the truth came to him is that old cliché of the light bulb popping on, casting denial into the darkness in one great flash. The need to experience this is what made him place that call, not whatever it was, which I've since forgotten, that he had thought he was calling for. When we hung up, I had an image of him turning from the phone and finding himself in a new world.

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I try not to imagine these people too much; I generally prefer for them to be voices without bodies. I am glad I can't see them, can't see their houses, and I'm glad they can't see me. The way they talk and the things they say tell me enough about them I can imagine them if I want to but I don't: the kitchens with the stained glass doo-dads in the window over the sink and countertops crowded with small appliances and canisters of foods that are just for show, not meant to be eaten, like yellow split peas. Their family rooms with the dog hair in the rug, the afghan over the back of the couch, the TV that never gets turned off.

I know they imagine us too, because it comes out sometimes that they think you're working out of your home. This is a comforting image, it gives the call an informal, intimate quality, they imagine you pausing in the middle of breastfeeding or knitting a sweater to pick up the phone, perhaps surrounded by nursing textbooks and stethoscopes and such. Or sometimes

we'll be in the middle of a conversation about some gastrointestinal problem and they'll ask, in a low, conspiratorial voice, "Where are you located?" I tell them I am in the middle of an enormous call center, surrounded by hundreds of other nurses all talking at once, in a sprawling, anonymous building in an industrial park in suburban Maryland, and I can tell by their silence that this is disappointing and not easy to grasp.

Sometimes I feel like telling them, *you can believe whatever you want.*

It's just another of the many things I want to say but don't. Instead, I fall back on some voice from my repertoire, fall back on some line that is, inevitably, scripted, while I keep one eye on the clock in the corner of my screen that is tracking the length of my call, second by second.

Telephone nurses have their little ways of coping. You can find them on break in the employee lounge, talking about the calls that are making them crazy that day, going on and on, not really hearing other people's responses, just needing to say their piece. Watch that one nurse in the corner of the break room, though, trying to eat her peanut butter sandwich, check out the look on her face that asks why she can't get away from it for ten damn minutes, and watch her get up and leave the room, quietly.

Another way of coping is cutting up. Nurses have make-believe telephone conversations of their own sometimes, distortions of real-life conversations, complete with wacky exaggerated voices: "*Tell my doctor I need a note, a work excuse, I have to go to Price Club, it's an emergency.*" "*If this is a true emergency, hang up and dial 911.*" "*But will they bring me back home again? Will they have room in the ambulance for my purchases?*"

One of my coping strategies is an attitude I call Wet Duck Back, meaning I try to let things roll off me, greasier than when they hit, whether it's the guy who knows he needs antibiotics because a few minutes ago he *almost* had to sneeze, or some mom screaming that I won't help her when all I'm asking her to do is tell her child to point to where it hurts. All those people who call for advice but don't want it. When I get stressed, I do creative visualization: I close my eyes and try to imagine myself a wet-feathered ball of oily waterfowl. And then I might open one eye, and check out the little sign someone hung on the wall of my cubicle—a

cutesy pink-and-blue, flowery thing, meant to hang in a country kitchen—which says *Take My Advice, I'm Not Using It*.

What we telephone nurses don't do, not much, is talk about it. We don't talk about what it's like to have the normal elements of nursing—like eye contact—stripped away and replaced by phone wires and keyboards. One of the most ordinary, universal features of nursing is touch, and it is the one thing we are completely prevented from doing. This is not just a handicap but a loss, even for those of us who are there because we wanted to stop touching people as much, wanted to get some distance between us and them. Every nurse in the room has a story. They end up on the phone after long careers in other places, like ERs and ICUs, refugees fleeing various sorts of discomforts and ghosts. Some go back again; they don't like sitting at a desk, it's not nursing to them. Others stay. They shrug and look at you and say, “Where else am I gonna go?”

We cannot touch our patients, but what is not as obvious is we don't get to touch each other. I never realized until I left hospital nursing how much I got from the physical nearness of other nurses. Not so much actual physical touching, although there's some of that—bumping into each other as we would pull someone up in a bed, or hands touching as we would steady a patient's arm to secure an IV—but even just being able to work with someone, beside someone, and glance up, and share a look... Our telephone cubicles are just far enough apart that we are kept away from each other, and we are physically tied to our desks by the snaking coil that runs between the headset and the phone. The best we can do is take comfort in the snatches of voices that drift to us, a sentence or a phrase that we hear between our own spoken words. The voices are familiar, they are like our own, the same tension, the same troubles, the same answers to the same questions.

We don't talk about it.

We talk sometimes about the skills we've lost—wouldn't be able to troubleshoot a ventilator now or even start an IV—but we don't talk about the skills we never knew before

might be a part of nursing, but which are now—for instance, the ability, which we all have to learn because of the time pressure we are under, to express a world of sympathy in a single “oh.”

We don't talk about the most disturbing kinds of human weakness that we see—a certain quality that goes beyond ignorance, that I don't have a name for—the mother whose infant has had bloody diapers for two weeks as if that was no big deal, or the psychiatrist who won't talk to my patient but just keeps telling me to send him to the ER, even though the patient is begging me and begging me please to let him speak to the psychiatrist.

We never talk about the way some of these calls eat away a little piece of your soul, spirit it away down the phone line, on those days you're feeling that maybe you're too soft in the middle for this work.

I do worry sometimes, when I hear that tone *seep* into my ear, that this will be the call that breaks the Wet Duck's back. In that second of unknowing, when telephone nurses are at their blindest, there are a thousand possibilities waiting, but only one will come through, via the magic of random distribution, a single human voice. There is a remote possibility it will be a call that will actually let me work with another nurse—let's say it's a little old lady on her own in an apartment somewhere and something terrible is happening to her, she's having a heart attack, so I stand up and touch Valerie's shoulder and we look at each other and she puts her caller on hold and dials 911 for me while I keep the little elderly lady on my line. I forget all about call handling statistics, and people listening in, I forget about the other calls, all the crazy people and the mean, small-minded people, I forget about why I left my other nursing jobs and why I want to leave this one, and I talk to her, I talk and talk, and the only thing I do *not* forget is my voice; I use the one that's best for her right now, the infinitely reassuring voice, the voice of complete concern and undivided attention, the voice of every mother and father and lover and friend who has ever lived, the ultimate voice, the voice of unconditional love.

One last thing about the voices. I've noticed I have a habit of imitating, unconsciously, the way callers speak, sort of easing up sideways to their way of talking, a mechanism that has something to do with wanting to make them feel comfortable, with wanting to express, in a subtle way, my solidarity with them. I often don't notice it until I'm off the call and still talking funny as I begin the next one. And outside of work, on occasion, I've had people tell me, I can't quite place your accent. I can't either. I know there's the slightest hint of country twang in there from time to time. The voice I'm writing with, now, is one of my inventions.

I may have set my real voice down somewhere and forgotten to pick it up. I think I may have lost my real voice, but I do have all these other ones left.

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